

# FEC FORM 3

## REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED  
FEC MAIL CENTER

Office Use Only AM 8:20

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

MINNESOTANS FOR BOB MELLAND

ADDRESS (number and street)

1399 WELLESLEY AVE



Check if different than previously reported. (ACC)

SAINT PAUL

AN

55105

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C00587907

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

AN

06

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the State of

MM / DD / YYYY

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the State of

MM / DD / YYYY

5. Covering Period

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

through

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Robert R. Helland

Signature of Treasurer

*Robert R. Helland*

Date

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office  
Use  
Only

FEC FORM 3  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

Minnesota for Bob Holland

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	2	5

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	1	5

## 6. Net Contributions (other than loans)

(a) Total Contributions  
(other than loans) (from Line 11(e)) ....

725.00

723.00

(b) Total Contribution Refunds  
(from Line 20(d)) .....

0.00

0.00

(c) Net Contributions (other than loans)  
(subtract Line 6(b) from Line 6(a)) .....

723.00

723.00

## 7. Net Operating Expenditures

(a) Total Operating Expenditures  
(from Line 17) .....

610.00

610.00

(b) Total Offsets to Operating  
Expenditures (from Line 14) .....

0.00

0.00

(c) Net Operating Expenditures  
(subtract Line 7(b) from Line 7(a)) .....

610.00

610.00

8. Cash on Hand at Close of  
Reporting Period (from Line 27) .....

113.00

9. Debts and Obligations Owed **TO**  
the Committee (Itemize all on  
Schedule C and/or Schedule D) .....

0.00

10. Debts and Obligations Owed **BY**  
the Committee (Itemize all on  
Schedule C and/or Schedule D) .....

0.00

For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

*Minnesotans for Bob Helland*

Report Covering the Period:

From:

MM / DD / YYYY  
01 / 01 / 2015

To:

MM / DD / YYYY  
12 / 31 / 2015

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

**11. CONTRIBUTIONS (other than loans) FROM:**

- (a) Individuals/Persons Other Than Political Committees
- (i) Itemized (use Schedule A).....
- (ii) Unitemized.....
- (iii) TOTAL of contributions from individuals ▶
- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) The Candidate.....
- (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

30800

23500

54300

000

000

18000

72300

30800

23500

54300

000

000

18000

72300

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

000

000

**13. LOANS:**

- (a) Made or Guaranteed by the Candidate.....
- (b) All Other Loans.....
- (c) TOTAL LOANS (add Lines 13(a) and (b)).....

000

000

000

000

000

000

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

000

000

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

000

000

**16. TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

72300

72300

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

## **II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

610.00

610.00

18. TRANSFERS TO OTHER  
AUTHORIZED COMMITTEES .....

0.00

0.00

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed  
by the Candidate.....

0.00

0.00

(b) Of All Other Loans .....

0.00

0.00

(c) TOTAL LOAN REPAYMENTS  
(add Lines 19(a) and (b)).....

0.00

0.00

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other  
Than Political Committees .....

0.00

0.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees  
(such as PACs) .....

0.00

0.00

(d) TOTAL CONTRIBUTION REFUNDS  
(add Lines 20(a), (b), and (c)).....

0.00

0.00

21. OTHER DISBURSEMENTS .....

0.00

0.00

22. **TOTAL DISBURSEMENTS**  
(add Lines 17, 18, 19(c), 20(d), and 21) ▶

610.00

610.00

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

0.00

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

723.00

25. SUBTOTAL (add Line 23 and Line 24).....

723.00

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

610.00

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD  
(subtract Line 26 from Line 25).....

113.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1 OF 1  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Minnesotans for Bob Holland

Full Name (Last, First, Middle Initial)

A. Flesch, Kelly

Mailing Address

1399 Wellesley Ave

City

Saint Paul

State

MN

Zip Code

55105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ochs, Inc

Occupation

Underwriter

Receipt For:

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

20000

Date of Receipt

09 / 17 / 2015

Amount of Each Receipt this Period

20000

Full Name (Last, First, Middle Initial)

B. Flesch, Kelly

Mailing Address

1399 Wellesley Ave

City

Saint Paul

State

MN

Zip Code

55105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ochs, Inc

Occupation

Underwriter

Receipt For:

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

30800

Date of Receipt

10 / 26 / 2015

Amount of Each Receipt this Period

10800

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

30800

30800

*\*None meet requirement*

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

*Minnesotans For Bob Holland*

Full Name (Last, First, Middle Initial)

A.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:  
Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

*N/A*

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:  
Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

0.00

0.00

*\*None*

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 7 OF 1

FOR LINE NUMBER:  
(check only one)

☐ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

*Mimeogarys for Bob Helland*

LOAN SOURCE Full Name (Last, First, Middle Initial)

*[Signature]*

Election:

☐ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

[Box for Original Amount of Loan]

[Box for Cumulative Payment To Date]

[Box for Balance Outstanding at Close of This Period]

**TERMS**

Date Incurred

[Box for Date Incurred MM/DD/YYYY]

[Box for Date Incurred MM/DD/YYYY]

[Box for Date Incurred MM/DD/YYYY]

Date Due

[Box for Date Due MM/DD/YYYY]

[Box for Date Due MM/DD/YYYY]

[Box for Date Due MM/DD/YYYY]

Interest Rate

[Box for Interest Rate]

% (apr)

Secured:

☐ Yes

☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

[Box for Amount Guaranteed Outstanding]

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

[Box for Amount Guaranteed Outstanding]

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

[Box for Amount Guaranteed Outstanding]

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

[Box for Amount Guaranteed Outstanding]

**SUBTOTALS** This Period This Page (optional)..... ➤

[Box for SUBTOTALS]

**TOTALS** This Period (last page in this line only) ..... ➤

[Box for TOTALS]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

*None*

**SCHEDULE C-1 (FEC Form 3)**

**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
Information found on  
Page \_\_\_\_ of Schedule C

NAME OF COMMITTEE (In Full) <i>Minnesotans for Bob Helleand</i>		FEC IDENTIFICATION NUMBER <b>C</b> _____	
LENDING INSTITUTION (LENDER) Full Name _____		Amount of Loan _____	Interest Rate (APR) _____ %
Mailing Address _____		Date Incurred or Established ____/____/____	
City _____ State _____ Zip Code _____		Date Due ____/____/____	
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, date originally incurred ____/____/____			
B. If line of credit, Amount of this Draw: _____		Total Outstanding Balance: _____	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? _____  Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? _____	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: ____/____/____		Location of account: _____ Address: _____ City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. _____ _____			
G. COMMITTEE TREASURER Typed Name _____ Signature _____		DATE ____/____/____	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name _____ Signature _____		DATE ____/____/____	
Title _____			



**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

*\*None*

(Use separate schedule(s) for each numbered line)	PAGE	OF
	FOR LINE NUMBER: (check only one)	
	<input type="checkbox"/> 9	<input type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
*Minnesotans for Bob Helander*

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

- 1) **SUBTOTALS** This Period This Page (optional) .....
- 2) **TOTALS** This Period (last page this line number only) .....
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....


# FEC FORM 3Z (File with Form 3)

## CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS

(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full)		Report Covering Period:				
Minnesotans for Bob Heland		From:		To:		
		01 / 01 / 2015		12 / 31 / 2015		
Committee Name				(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees	
A	Minnesotans for Bob Heland			543.00	6.00	
B	Column Total Last Page Only.....			543.00	0.00	
	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A	0.00	180.00	723.00	0.00	0.00	0.00
B	0.00	180.00	723.00	0.00	0.00	0.00
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A	0.00	0.00	0.00	723.00	610.00	0.00
B	0.00	0.00	0.00	723.00	610.00	0.00
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A	0.00	0.00	0.00	0.00	0.00	0.00
B	0.00	0.00	0.00	0.00	0.00	0.00
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A	0.00	0.00	610.00	0.00	113.00	0.00
B	0.00	0.00	610.00	0.00	113.00	0.00
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A	0.00	723.00	610.00			
B	0.00	723.00	610.00			

PRESS FIRMLY TO SEAL

PRIORITY  
MAIL  
EXPRESS™

FASTEST SERVICE IN THE U.S.

USED INTERNATIONALLY,  
CUSTOMS DECLARATION  
FORM MAY BE REQUIRED.



July 2013 OD: 12.5 x 9.5



0004000000

PRESS FIRMLY TO SEAL



1007

U.S. POSTAGE  
PAID  
HOPKINS, MN  
55343  
JAN 28, 16  
AMOUNT  
**\$22.95**  
00117817-06

RECEIVED  
FEC MAIL CENTER  
2016 FEB -1 AM 8:20



EK 948300159 US

PRIORITY  
MAIL  
EXPRESS™



CUSTOMER USE ONLY  
FROM: (PLEASE PRINT)  
PHONE 651-402-5864  
Bob Holland  
Minnesota for Bob Holland  
1399 Wellesley Ave  
St. Paul, MN 55105

PAYMENT BY ACCOUNT (if applicable)  
USPS® Corporate Acct. No. Federal Agency Acct. No. or Postal Service™ Acct. No.

DELIVERY OPTIONS (Customer Use Only)  
☐ SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If this box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.  
Delivery Options  
☐ No Saturday Delivery (delivered next business day)  
☐ Sunday/Holiday Delivery Required (additional fee, where available\*)  
☐ 10:30 AM Delivery Required (additional fee, where available\*)  
\*Refer to USPS.com® or local Post Office™ for availability.

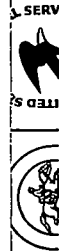
TO: (PLEASE PRINT)  
PHONE ( )  
Federal Election Commission  
999 E Street NW  
Washington DC, 20463  
ZIP + 4® (U.S. ADDRESSES ONLY)  
20463

■ For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.  
■ \$100.00 Insurance included.

ORIGIN (POSTAL SERVICE USE ONLY)			
1-Day	2-Day	Military	DPO
PO ZIP Code	Scheduled Delivery Date (MM/DD/YY)	Postage	
55343	1-30	\$ 22.95	
Date Accepted (MM/DD/YY)	Scheduled Delivery Time	Insurance Fee	COD Fee
1-29	<input checked="" type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM	\$	\$
Time Accepted	10:30 AM Delivery Fee	Return Receipt Fee	Live Animal Transportation Fee
1156 AM	\$	\$	\$
Weight	Sunday/Holiday Premium Fee	Total Postage & Fees	
4 lbs.	\$	\$ 22.95	
DELIVERY (POSTAL SERVICE USE ONLY)			
Delivery Attempt (MM/DD/YY)	Time	Employee Signature	
	<input type="checkbox"/> AM <input type="checkbox"/> PM		
Delivery Attempt (MM/DD/YY)	Time	Employee Signature	
	<input type="checkbox"/> AM <input type="checkbox"/> PM		

LABEL 11-B, JANUARY 2014 PSN 7690-02-000-8996 1-ORIGIN POST OFFICE COPY

VISIT IIS AT IISPS.COM®



UNITED STATES

2019-02-01 04:00 AM

PREPARER  
(3/2015)